

PTO/SB/31 (04-04)

Approved for use through 04/30/2007. OMB 0851-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
52478-0900

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 5,757,945, granted June 16, 1998and for which a reissue patent is sought on the invention entitled MULTI-MEDIA INFORMATION RECORD DEVICE AND A MULTI-MEDIA INFORMATION PLAYBACK DEVICE

the specification of which

☐ is attached hereto.☒ was filed June 2, 2000 as reissue application 09/597,107
and was amended 11/24/2004
(if applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☒ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/2B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☒ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

Claims 1, 4, 7, 25 and 26 define page information as "successively" stored in a storage area, while the prior art did not require such a description and therefore the patentees claimed less than they had a right to claim.

Claim 19 defines "successively" regarding the time sequence information in a storage area, while the prior art did not require such a description and therefore the patentees claimed less than they had a right to claim.

Claim 7 is amended to replace "disc" with "recording medium".

(Page 1 of 4)

This collection of information is required by 37 CFR 1.178. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/61 (04-04)

Approved for use through 04/30/2007. OMB 0851-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

52478-0900

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

Note: To appoint a power of attorney, use form PTO/SB/61.

Correspondence Address: Direct all communications about the application to:

☒ Customer Number

21611

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Masahiro Oishi

Inventor's signature *Masahiro Oishi*

Date June 16, 2005

Residence Hirakata-shi, Japan

Citizenship JAPAN

Mailing Address 43-22, Nomuramotomachi, Hirakata-shi, Osaka 573-0133 Japan

Full name of second joint inventor (given name, family name)

Yuki Kuwami

Inventor's signature

Date

Residence Kashiba-shi, Japan

Citizenship JAPAN

Mailing Address 3-15-40, Sekiyekita, Kashiba-shi, Nara 639-0254 Japan

Full name of third joint inventor (given name, family name)

Masahiro Kawai

Inventor's signature

Date

Residence Higashi-Osaka-shi, Japan

Citizenship JAPAN

Mailing Address 7-23, Kanon, Higashi-Osaka-shi, Osaka 578-0901 Japan

☒ Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02.R attached

Page 2 of 4

PTO/SB/51 (04-04)

Approved for use through 04/30/2007. OMB 0851-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 52478-0900	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
Note: To appoint a power of attorney, use form PTO/SB/81.			
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/>	Customer Number	21611	
OR			
<input type="checkbox"/>	Firm or Individual Name		
	Address		
	Address		
	City	State	Zip
	Country		
	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name) Masahiro Otsu			
Inventor's signature		Date	
Residence Hirakata-shi, Japan		Citizenship JAPAN	
Mailing Address 43-21, Nomuramotomachi, Hirakata-shi, Osaka 573-0132 Japan			
Full name of second joint inventor (given name, family name) Yuki Kusumi			
Inventor's signature		Date June 16, 2005	
Residence Sakai-shi, Japan		Citizenship JAPAN	
Mailing Address 1-7-21, Haze-cho, Sakai-shi, Osaka 599-8218 Japan			
Full name of third joint inventor (given name, family name) Masahiro Kawai			
Inventor's signature		Date	
Residence Higashi-Osaka-shi, Japan		Citizenship JAPAN	
Mailing Address 7-23, Kanou, Higashi-Osaka-shi, Osaka 578-0901 Japan			
<input checked="" type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 021R attached			

(Page 2 of 4)

PTO/SB/51 (04-04)

Approved for use through 04/30/2007. OMB 0851-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 52478-0900	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
Note: To appoint a power of attorney, use form PTO/SB/81.			
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number	21611		
OR			
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name) Masahiro Oashi			
Inventor's signature		Date	
Residence Hirakata-shi, Japan		Citizenship JAPAN	
Mailing Address 43-22, Nomuramotomachi, Hirakata-shi, Osaka 573-0132 Japan			
Full name of second joint inventor (given name, family name) Yuki Kasumi			
Inventor's signature		Date	
Residence Kashiba-shi, Japan		Citizenship JAPAN	
Mailing Address 3-15-40, Sakiyakita, Kashiba-shi, Nara 639-0254 Japan			
Full name of third joint inventor (given name, family name) Masahiro Kawai			
Inventor's signature <i>Masahiro Kawai</i>		Date June 16, 2005	
Residence Higashi-Osaka-shi, Japan		Citizenship JAPAN	
Mailing Address 7-33, Kawan, Higashi-Osaka-shi, Osaka 570-0901 Japan			
<input checked="" type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached			

Page 2 of 4

PTO/SB/22A (20-04)
Approved for use through 07/01/2005. OMB 0501-0002
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Patent and Trademark Act of 1952, no person is required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page <u>3</u> of <u>4</u>	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Chihiro		Kawahara	
Inventor's Signature <i>Chihiro Kawahara</i>		Date June 16, 2005	
Residence: City	Osaka	Country	Japan
44-21-405, Ishihara-cho			
Mailing Address			
City	Osaka	Zip	571-0067 Japan
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ryuichi		Sasaki	
Inventor's Signature		Date	
Residence: City	Osaka	Country	Japan
5-3-207, Makino-Kitamachi			
Mailing Address			
City	Osaka	Zip	573-1149 Japan
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	Osaka	Country	Japan
Mailing Address			
City	Osaka	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.55. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO in process) an application. Confidentiality is governed by 35 U.S.C. 133 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing the form, call 1-800-PTO-0199 (1-800-786-0199) and select option 2.

